

State Health Benefit Plan (SHBP) 2011 Presentation for New Enrollees

Presentation to
New Members for plan year January 1- December 31, 2011



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GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

DCH Mission

ACCESS



Access
to affordable,
quality health
care in our
communities

RESPONSIBLE



Responsible
health planning
and use of
health care
resources

HEALTHY



Healthy
behaviors and
improved
health
outcomes



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

DCH Initiatives FY 2011

FY 2011

**Continuity of Operations
Preparedness**

Customer Service

Emergency Preparedness

Financial & Program Integrity

Health Care Consumerism

Health Improvement

Health Care Transformation

Public Health

Workforce Development



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

Eligibility for Coverage

Employees

- A Full-time employee of the State of Georgia, the General Assembly or an agency, board, commission, department, county administration or contracted employer that participates in SHBP that works at least 30 hours per week consistently, and
- Expected to work at least nine months



Eligibility for Coverage

- A certified public school teacher or library employee that works half time or more, but not less than 17.5 hours per week
- A non certified service employee of a local school system who is eligible to participate in TRS
- A retired employee of one of the above groups



Eligibility for Coverage

Your Dependents

- Your legally married spouse
- Your natural, legally adopted or stepchild under the age of 26
 - Other children under age 26 that meet the SHBP dependent eligibility requirements



Documenting Eligibility

- The SHBP requires documentation verifying the eligibility of dependents covered under the plan
- You must submit the documentation requested by the Plan in order to cover any dependent. Claims will not be paid until the documentation is received
- However, do not delay submission of your enrollment form if the documentation is not available as the enrollment form must be submitted to your personnel/benefit coordinator within 31 days of your hire date or qualifying event
- Coverage will become effective the first of the month following 30 full days of employment or the first of the month following the qualifying event that allowed enrollment



Your Options as a New Enrollee

SHBP offers new employees or current employees enrolling in coverage the first time or after a period of no coverage, the opportunity to choose between two Consumer Driven Health Plans. Both options have 100% coverage for routine well care when services are received from a network provider and meet the age and gender guidelines. CIGNA and UnitedHealthcare (UHC) each offer members two options:

- the Health Reimbursement Arrangement (HRA) and
- the High Deductible Health Plan (HDHP)



How does an HRA work?

- SHBP contributes dollars to your HRA for first dollar medical and pharmacy expenses
- HRA dollars reduce your deductible and out of pocket expenses
- Once the HRA dollar credits are exhausted, the member must satisfy the deductible
- After the deductible is met, benefits are paid at 85% for in-network services and 60% for out-of-network



HRA Considerations

- Low premiums
- No co-payments
- Ability to use in or out-of-network providers
- Members can earn additional HRA credits
- Unused HRA credits roll over into the next plan year as long as you remain in the HRA



What are the Benefits of the HDHP?

The HDHP has a higher annual deductible and out-of-pocket maximum in return for lower premiums

- Access to a national network of physicians, facilities and other health care professionals
- Ability to use in-network and out-of network providers
- Once the deductible is met, in-network medical services are paid at 90% and out-of-network at 60%

HDHP Considerations

- The entire deductible must be met before benefits are paid for any covered dependent
- In-network pharmacy charges are covered at 80 percent after the deductible (\$10 minimum/\$100 maximum)
- There is no out-of-network pharmacy benefit



What is a Health Savings Account (HSA)?

Members participating in the HDHP may also participate in an HSA. HSA's allow members to set aside tax-exempt funds for future medical expenses. Many HSA accounts offer investment options and are portable. Unused funds roll over from year to year and are owned by the member and can be taken into retirement.



SHBP Surcharges

The SHBP charges tobacco and spousal surcharges

- The \$50 monthly spousal surcharge applies to any member whose spouse is eligible for coverage through his/her employer but elects not to take the coverage
- The \$80 tobacco surcharge applies to any member and/or one of the covered dependents use or has used tobacco products in the previous 12 months



Qualifying Events

- If members have a qualifying event (marriage, birth, adoption etc.) they may be able to make changes to their coverage outside of the annual Open Enrollment Period, provided they make the request within 31 days of the qualifying event
- The requested change must correspond with the event



SHBP Annual Open Enrollment Period

- The SHBP annual Open Enrollment Period is held each year in the fall. Members are able to select from one of the consumer driven health options as well as the Health Maintenance Organizations (HMO) during this period
- Members can also add or remove dependents from coverage during this period



Important Information

- If you decline coverage when you first become eligible, your options will be limited to the HRA or HDHP if you enroll at a later time or if you drop out of the plan and re-enroll at a later date
- If you terminate employment and are re-hired by any employer eligible for SHBP coverage during the same Plan year, you must enroll in the same Plan option and tier you had with your previous employer (even if there is a gap in coverage)
- If you terminate coverage in one year and are rehired in the following year with a gap in coverage, you are restricted to the HRA and the HDHP with your new employer



For Additional Information

- The information provided is only a summary of the Plan's benefits and eligibility requirements. For specific information please refer to the 2011 Health Plan Decision Guide for New Enrollees and the 2011 Summary Plan Descriptions (SPD)
- Additional Plan Information including electronic forms, links to CIGNA and UnitedHealthcare and Health and Wellness Information may be found on the website at www.dch.georgia.gov/shbp



If you have Questions?

- For questions regarding eligibility, please contact the SHBP Eligibility Unit at 404-656-6322 or 800-610-1863 or your Benefit Coordinator
- For specific plan or benefit information contact the vendor directly at:
 - CIGNA 800-633-8519 (HRA or HDHP)
 - UnitedHealthcare 800-396-6515 (HRA)
 - UnitedHealthcare 877-246-4189 (HDHP)

